Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 40 40

**************************************	****	**************************************	**************************************	*******			
Home Health Care Supp. Home Care-Personal Care	 No No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	32. 5 42. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	5. 0	More Than 4 Years	25. 0
Day Servi ces	No	Mental Illness (Org./Psy)	50. 0	65 - 74	5. 0		
Respite Care	No	Mental Illness (Other)	5. 0	75 - 84	22. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60. 0	***************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	7. 5	Full-Time Equivaler	ıt
Congregate Meals	Yes	Cancer	2. 5	İ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	15. 0	65 & 0ver	95. 0	[
Transportati on	No	Cerebrovascul ar	10. 0			RNs	8. 4
Referral Service	No	Di abetes	5. 0	Sex	%	LPNs	6. 7
Other Services	Yes	Respi ratory	5. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	7. 5	Male	12. 5	Aides & Orderlies	32.8
Mentally Ill	No			Female	87. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
*******************	****	k************************	*****	************	*****	******************	*******

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		0ther		P	Pri vate Pay			/anage	d Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	•		\$265. 43	•	100. 0	\$105.66	ŏ	0. 0	\$0.00	15		\$123.46	ŏ	0. 0	\$0.00	36	90. 0%
Intermedi ate				0	0.0	\$0. 00	0	0.0	\$0.00	4	21. 1	\$117.96	0	0.0	\$0.00	4	10.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		19	100. 0		0	0.0		19	100.0		0	0.0		40	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 3.7 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 14.8 Baťhi ng **0.** 0 60.0 40.0 40 Other Nursing Homes 7.4 **Dressing** 15. 0 40.0 **45.** 0 40 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 20.0 63.0 37. 5 42.5 40 20.0 30.0 40 0.0 Toilet Use 50.0 0.0 Eating 50. 0 10.0 **40**. **0** 40 Other Locations ******** 11.1 Total Number of Admissions 27 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 2. 5 5. 0 Private Home/No Home Health 18.5 Occ/Freq. Incontinent of Bladder **60.** 0 0.0 Private Home/With Home Health 25.9 Occ/Freq. Incontinent of Bowel **60.** 0 2. 5 Other Nursing Homes 3. 7 2. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 0.0 Physically Restrained 0.0 0.047.5 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 7. 5 Deaths 51.9 With Pressure Sores Have Advance Directives 70.0 Total Number of Discharges With Rashes 0.0 Medi cati ons Receiving Psychoactive Drugs 42.5 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li ce	ensure:		
	Thi s	Propri etary		Under 50		Ski l	led	Al l	
	Facility	ity Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 2	83. 7	1. 14	92. 9	1. 02	87. 0	1.09	84. 5	1. 13
Current Residents from In-County	57. 5	75. 1	0. 77	74. 7	0.77	69. 3	0.83	77. 5	0.74
Admissions from In-County, Still Residing	25. 9	18. 7	1. 38	24. 5	1.06	22. 3	1. 16	21. 5	1. 21
Admissions/Average Daily Census	67. 5	152. 8	0. 44	88. 3	0. 76	104. 1	0. 65	124. 3	0. 54
Discharges/Average Daily Census	67. 5	154. 5	0. 44	84. 8	0.80	105. 4	0.64	126. 1	0. 54
Discharges To Private Residence/Average Daily Census	30. 0	59. 1	0. 51	19. 3	1. 55	37. 2	0. 81	49. 9	0. 60
Residents Receiving Skilled Care	90. 0	90. 6	0. 99	77. 6	1. 16	87. 6	1.03	83. 3	1.08
Residents Aged 65 and Older	95. 0	95. 0	1.00	92. 5	1.03	93. 4	1. 02	87. 7	1.08
Title 19 (Médicaid) Funded Residents	47. 5	65. 4	0. 73	55. 7	0.85	70. 7	0. 67	69. 0	0. 69
Private Pay Funded Residents	47. 5	23. 2	2. 04	41. 4	1. 15	22. 1	2. 15	22. 6	2. 10
Developmentally Disabled Residents	0. 0	0. 8	0.00	1. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	55. 0	31.4	1. 75	47. 1	1. 17	37. 4	1. 47	33. 3	1.65
General Medical Service Residents	7. 5	23. 2	0. 32	8. 6	0. 87	21. 1	0. 35	18. 4	0.41
Impaired ADL (Mean)	61. 5	48. 9	1. 26	49. 3	1. 25	47. 0	1. 31	49. 4	1. 25
Psychological Problems	42. 5	44. 1	0. 96	44. 3	0. 96	49. 6	0. 86	50. 1	0.85
Nursing Care Required (Mean)	8. 1	6. 5	1. 24	7. 2	1. 13	7. 0	1. 15	7. 2	1.14